AINTIFF Progressive Enterprises, Inc.		COURT CASE NUM	전쟁 경기는 이 교육이 사고 선택 보다 중에는 네트리트 경
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ADDRESS (Street or RFD, Apartment No., City, State and ZIP C			
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Michael B. McCauley, Esq.	Nom	ber of parties to be	
Palmer Biezup & Henderson LLP 140 B roadway, PMB 46030 New York NY 10005 -212 406 1855		ed in this case	
		k for service	
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PECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EX Elephone Numbers, and Estimated Times Available For Service):	PEDITING SERV	LE (Include Business and	d Alternate Addresses, All
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PRIOR EDITIONS MAY BE USED

3. NOTICE OF SERVICE

FORM USM-285 (Rev. 12/15/80)

CEPT AND RETURN U.S. Department of Justice United States Marshally Service MK Document PLAINTIFF COURT CASE NUMBER Progressive Enterprises, Inc. 08-cv-3553-KMK TYPE OF PROCESS M/Y BACKCOVE ##999 29030 **Vessel Arrest** NAME OF INDIVIDUAL, COMPANY, CORPORATION, ETC., TO SERVE OR DESCRIPTION OF PROPERTY TO SEIZE OR CONDEMN **SERVE** M/Y BACKCOVE 29030 (Hull ID No. NEH29030G405) her engines, tackle. ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 425 Davenport Avenue, New Rochelle, NY 10805 SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW. Number of process to be I served with this Form - 285 Michael B. McCauley, Esq. Palmer Biezup & Henderson LLP Number of parties to be 140 Broadway, PMB 46030 served in this case New York, NY 10005 Check for service on U.S.A. SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses, Telephone Numbers, and Estimated Times Available For Service): Please telephone undersigned counsel in advance to advise when deputy will be available to make the arrest. The substitute custodian will be Progressive Enterprises, Inc. (914) 363-844 of Professional Control of the Control of the Control of Control o Signature of Attorney or other Originator requesting service on behalf of: TELEPHONE NUMBER **PLAINTIFF** 212 406 1855 04/30/2008 ☐ DEFENDANT SPACE BELOW FOR USE OF U.S. MARSHAL ONLY — DO NOT WRITE BELOW THIS LINE Signature of Authorized, USMS Deputy or Clerk Total Process I acknowledge receipt for the total District District Date number of process indicated. of Origin to Serve (Sign only first USM 285 if more than one USM 285 is submitted) I hereby certify and return that I Shave personally served, ... have legal evidence of service, ... have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above or on the individual, company, corporation, etc., shown at the address inserted below. I I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below) Name and title of individual served (if not shown above) A person of suitable age and dis-

number of process indicated. (Sign only first USM 285 if more than one USM 285 is submitted)

Thereby certify and return that I Shave personally served. □ have legal evidence of service. □ have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above of on the individual, company, corporation, etc., shown at the address inserted below.

□ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., shown at the address inserted below.

□ I hereby certify and return that I am unable to locate the individual, company, corporation, etc., named above (See remarks below)

Name and title of individual served (if not shown above)

□ A person of suitable age and discretion then residing in the defendant's usual place of abode.

Address (complete only if different than shown above)

□ Date of Service

□ Total Mileage Charges (including endeavors)

□ Total Mileage Charges (including endeavors)

□ Total Charges Advance Deposits Amount owed to U.S. Marshal or Amount of Refund

| Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amount of Refund | Amou

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3. NOTICE OF SERVICE

FORM USM-285 (Rev. 12/15/80)

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